STATE OF NEW JERSEY,

DEPARTMENT OF HEALTH,

BUREAU OF VITAL STATISTICS.

I, David S. South, State Registrar of the Bureau of Vital Statistics of the State of New Jersey, do hereby Certify that the following is a photostat copy of an original death certificate on file in my office.

271 V. S.

DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY
BUREAU OF VITAL STATISTICS.

EXHIBIT B 26 MADE DATE OCT 29 1926 FILED

CERTIFICATE AND RECORD OF DEATH.

555

1 PLACE OF DEATH
County Somerset State NEW JERSEY Registered No.
Township Franklin, or Village or
City Derusy lane No. ;
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHN P. DENGLER, Stenographer
HUDSON COUNTY COURTS,

2 FULL NAME Edward W. Hall

(a) Residence. No. Nichol Ave St. Ward.
(Usual place of abode) (If non-resident, give city or town and State.)
Length of Residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birh? yrs. mos. ds.

PERSONAL AND SATISTICAL PARTICULARS.

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word.)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of (or) ~~WIFE~~ of Francis Stevens

6 DATE OF BIRTH (month, day, and year) 1881

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

8 OCCUPATION OF DECEASED 77

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed or employer Minister
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or Country.) Brooklyn N.Y.

PARENTS
10 NAME OF FATHER Eward W, Hall
11 Birthplace of Father (city or town)
(State or Country.) U.S.A.
12 MAIDEN NAME OF MOTHER Fannie Hall
13 Birthplace of Mother (city or town)
(State or Country.) N.Y.

14 Informant Mrs. E. D. Hall
(Address) Nichol Ave

15 Filed Sept 27, 1922 John L. Toffey
REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) about Sept 14 1922

17 I HEREBY CERTIFY, That I attended deceased from ~~19~~ to ~~19~~,
that I last saw h ~~alive~~ on 19,
and ~~that~~ death occurred on the date stated above at Jul M.

THE CAUSE OF DEATH* was as follows:
Postal Bulbar Wound of Brain
(Possible Homicide)
Homicide

18 (duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? yes
What test confirmed diagnosis?
Signed W. H. Englewood Physician, M. D.
(Address) Emerald

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19 Place of Burial, Cremation or Removal: Greenwood Cemetery — Date of Burial: Sept 19 1922
20 Undertaker Brooklyn, N.Y. — Address N, 13 St
J. V. Hubbard

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Official Seal of said Bureau at Trenton, this ninth day of November A. D. 1926.

David S. South
State Registrar.

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